Substitute for Form PTO-875					A LEASON OF DOCKER HAMPS!	
APP	LICATION AS FILED.	- PART I		10	9174982	9
	(Column 1)	(Column's)			OTUED :	71.00.
FOR			SMALL E	ITITY OR	OTHER T	HAN HTITV
FEE	. NUMBER FILED	HUMBER EXTRA	RATE (1)	555 (1)		
R 1.16(a). (b). or (c)) CH FEE				FEE (1)	RATE (1)	FEE (1)
1.10(k), (i), or (m))			<del> </del>			
NATION EEE		<u> </u>				
1.16(0), (p), or (all)					l	
1.16(1))	-minus 20 =					
NDENT GLAIMS		e e a manage :	X	OR'	X· ·	
	If the specification and		X	J		
ATION SIZE	If the specification and dehects of paper, the apple \$250 (\$125 for small eadditional 50 sheets or fr	lication size the due			X	
1.16(+))	16 \$250 (\$125 for small e	ntity) for each	1.	- 1. 1		
	additional 50 sheets or fr 35 U.S.C. 41(a)(1)(G) an	aolion thereof. See	1 1	- 1 1		1
E DEPENDENT OL	AIM PRESENT (87 OFR 1.16	= 01 O(1X ).1D(E).				
			L. I.			——————————————————————————————————————
erence in column 1	le less than zero, enter "O" in	oolumn 2,	7071	L		
	ON AS AMENDED - P		TOTAL		TOTAL	
	AN UR VINIENTED - P	ARTII				
. (Oolun	nn 1) (Oolu	mn 2) (Column 3)				ļ.
OLA REMAI	Ms HIGH	67	SMALL ENTIT	Y OR	OTHER THAI BMALL ENTIT	V
I . AFT	ER PREVIO	URLY EXTRA	RATE (1) AD			Y
otel AMEND	MENT PAID F	OR	TIOI	IÁI.		201-
1.16(1))	S iminus. "	2100	× 85 = FEE		FEI	NAL .
1.16(h)	.Minus	= /		OR X	50 -	
Rijon Biza Fee (3.7 C	FR 1.16(s))		×/00 = /	, I	200 =	<del>)</del> :
RESENTATION OF M	ALTIPLE DEPENDENT CLAIM	**************************************	1			/
	TE DEI BROENT CLAIM	(87 OFR 1.16(I))	180	OR OR	60	
• •			OTAL			
(Oolumn	1) (Ookumi		OD'L FEE	OR AD	TAL D'L FEE	<b> </b>
CLAIMS REMAININ	HIGHES	(Column's)			-	
AFTER	TOTAL	PRESENT EXTRA	RATE (\$) ADDI			
AMENDME	Minus "	3 CAIRA	TIONA	.     ~	ATE (\$) ADD	
5(0))		-	FEE (8	\-\		
ri (N)	Minus ***		=	ORX	E .	
n Size Fee (37 OFR	1.18(5))		Ħ	ORX		
	TPLE DEPENDENT OLAIM (37			J ~   ~		<del></del>
	THE THERT OLAIM (8)	OFR (.16(/))		1 05		<del> </del>
		TO	TAL	OR	·	
In column 1 is less	ihaa ihe entry in column 2, v Isiy Paid For" IN THIS SPAC	. ADI	O'L FEE	OR TOTA	L L	
ael Nubebae Desidies.	The first of the state of Mo	C IS IRRE Then On and san		<del></del>		
I Milmhar Dealdaile		- 13 ICSE INCh G color for		*		
normalion is require	d by 37 CFR 1.16. The Int	omalian is the highest number	found in the approprie	le box In rolumn 4	•	1 .
mendada		D.U.S.C. 122 and 07 and 1	milellan a nellell	DV the nublic value	L la fa file factor	:
	a uie completed applica	alion form to the Lionze	" I'm " 'HIS-collection (s.	Slimaled to take 4	2 mlautas ta ana	115
- Markenniskelassas	apple and selection and the selection of	alion form to the USPTO, TI asil <u>ansace advantable</u> 50, Alexandria, VA 22313.1 0x 1450, Alexandria, VA	me will vary depending	tinna the indicate of	7 (minutes re-comple	(Glaymort rate )

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.